RISK ADJUSTMENT PROCESSING SYSTEM ("RAPS") DATA ELEMENT EDITS

GENERAL—Each plan will send in header record, followed by line-item risk adjustment data for each beneficiary receiving services in Inpatient, Outpatient, or Physician settings. Palmetto will do basic batch/file editing and reformatting into a single format before NDM transmittal to CMS' Data Center. Palmetto will perform no duplicate checking, but CMS should eliminate duplicates prior to storage in NMUD. (If same M+CO Identifier, HIC, service dates, and diagnoses, the record has no value to the RAS; thus, should not be stored in NMUD.)

BASIC EDITING RULE—CMS will complete all beneficiary-level editing before returning the results to Palmetto for reporting back to the transmitting plan; i.e., identify invalid conditions and continue editing (only exception: invalid M+CO ID).

1. **M+CO Identifier Edit** (Medicare+Choice Organization ID; aliases: Plan ID or 'H' #)-- 5 alphanumeric characters on header record; required field

   SHOWSTOPPER EDIT: The plan ID must be present on MBD (invalid IDs *should be* caught by Palmetto). Can use lookup table containing valid plan IDs as basis for edit. If ID not present on M+CO Lookup Table, stop further editing and return entire file to Palmetto.

2. **HIC Edit** (required field)--The HIC must be present in the MBD (or entry in Link Key Table?). If HIC not present, consider invalid but continue all non-HIC editing (e.g., can do type of encounter and date checking but not any entitlement edits; and just initial valid diagnosis code check).

3. **Type of Encounter Edit**--Type of Encounter must be one of 4 values: Principal Inpatient; Other Inpatient; Outpatient; or Physician.

4. **Service From Date Edits** (required field)**--**The Service From Date must be present on all record types (IP, OP, Physician), and in valid numeric CCYYMMDD format, and = to or earlier than the Service Thru Date, and earlier than the current date. Note if missing, invalid format, or illogical date.

5. **Service Thru Date Edit** (required field on only IP record, but CMS will fill for consistency across the board)--The Service Thru Date must be present on IP record, and in valid numeric CCYYMMDD format, and = to or later than the Service From Date, and earlier than the current date. Note if missing, invalid format, or illogical date on IP record. No editing required for OP/Physician records, but automatically fill the field with the Service From Date.

ENTITLEMENT EDITS (compare risk adjustment data to MBD)

6. HIC/M+CO Enrollment Edits--MBD must show HIC was enrolled in the M+CO plan ID, identified on header record, on or after the Service Thru Date; i.e., compare service date to MCO enrollment periods (service date must be <u>within</u> that specific M+CO enrollment period <u>or prior</u> to that M+CO enrollment). Identify the following errors: (1) no enrollment in any M+CO; (2) no enrollment in specific M+CO; (3) services later than specific M+CO enrollment.

7. **Service Date/Medicare Entitlement Edits**--MBD must show HIC was entitled to Medicare Part A or Part B entitlement during the service period; i.e., compare Service From/Thru Dates to Part A and Part B Medicare entitlement start/termination dates (service dates must be within either a Part A or Part B entitlement period). Identify the following errors: (1) no entitlement to Medicare; (2) services furnished prior to entitlement; and (3) services furnished later than termination date.

8. **Service Dates/Date of Birth (DOB) Edit**--MBD must show HIC's DOB to be prior to the service dates.

9. **Service Dates/Date of Death (DOD) Edit**--If DOD present on MBD for HIC, service dates must be = to or earlier than death date. QUESTION: Should any consideration be given to the source of the DOD; i.e., do we use only 'proven MBR' DOD for comparison?

PRINCIPAL/OTHER DIAGNOSIS EDITS (compare risk adjustment data and MBD sex/age to Lookup Diagnosis Table(s); if FATAL error, don't store in NMUD)

10. **Valid Diagnosis Code Edit**--Diagnosis Code must be valid 3 – 6 numeric ICD 9 CM Code; else FATAL error.

11. **Valid Diagnosis/Sex Edit**--Diagnosis Code must be valid diagnosis for beneficiary's sex; else FATAL error.

12. **Valid Diagnosis/Age Edit**--Diagnosis Code must be valid diagnosis for beneficiary's age; else FATAL error.

13. **Diagnosis/Service Date Edit**--Diagnosis Code must be valid code as of the service date; else FATAL error.

14. **Diagnosis/RAS Diagnosis Edit**--After determining that the code is valid (correct format, on Lookup Diagnosis Table, consistent with beneficiary's sex/age, and in effect on the service date), the final check verifies that the diagnosis is on the roster of "RAS-required" diagnoses"; and tags any diagnosis code <u>not</u> on the roster of codes required for the Risk Adjustment System (RAS). Although not on the RAS-required list, the diagnosis code will still be stored in NMUD; but will be bypassed during the extract process.